

ROYAL JENNERIAN SOCIETY
Instructions for vaccine
inoculation. Bath, n.d.

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JOHN FARQUHAR FULTON



INSTRUCTIONS FOR VACCINE INOCULATION,

According to the Rules of the Royal Jennerian Society; and which it is hoped the Medical Gentlemen connected with the Royal Somerset Jennerian Society will act accordingly to.

WHEN Vaccine Inoculation proves successful, a small red spot, with a degree of elevation and hardness which may be felt, commences the third day. Between the third and sixth day a vesicle appears, the shape and magnitude of which depend on the mode in which the inoculation has been performed. When a slight puncture has been made, the vesicle will be small and circular.

The edge of the Vaccine vesicle is generally elevated, and the centre depressed, where a speck is visible, darker than the surrounding edge. Sometimes, however, the vesicle is uniformly convex. The vesicle is cellular, and somewhat hard and firm; it is of an opaque or pearly white; its contents are limpid and colourless.

In its early stages, and during the progress, it has usually a small inflamed ring round its base: at the ninth day this begins to spread, and on the tenth day it attains its full extent; at this time forming an areola or efflorescence of the diameter of an inch and a half, or more. This areola is of a pink or scarlet hue; it is accompanied through the extent of surface which it occupies by some roughness, hardness, and tumefaction of the skin; and the efflorescence has a cloudy and irregular edge. When it has continued stationary a day or two, it begins to diminish, and to assume a darker hue. At the same time the vesicle begins to change its aspect and contents; it turns of a darker colour in the centre, and is gradually converted into a hard, smooth, and shining scab, of a dark brown colour. This scab commonly falls off about the end of the third week, and leaves a cicatrix, in which, besides the depression arising from the loss of the true skin, several minute indentations occur.

The above appearances are those which occur in the perfect, regular, and ordinary progress of the Vaccine vesicle; but there are deviations which do not affect its anti-variolous power. Such are these:—The vesicle sometimes does not appear till after the expiration of two or three weeks succeeding to the inoculation; but if it then makes regular progress, its effect in producing security against the Small-Pox is not impaired: sometimes the progress of the vesicle is either accelerated or retarded a day or two, and the efflorescence is consequently earlier or later than the usual period (*viz.* the tenth day) in proportion: sometimes there is an entire absence of the efflorescence. None of these deviations are found to lessen the security obtained against Small-Pox.

When the vesicle is ruptured by external violence, as scratching, the scab will be less firm, and of a lighter colour. If the progress of the vesicle has in other respects been uniform, this deviation does not diminish the anti-variolous power of the Vaccine vesicle.

Spurious Pustules, which afford no Security against Small-Pox.

The Vaccine Inoculation is not to be considered as perfect, when there is any considerable deviation from the ordinary appearances of the disease; as when premature inflammation, irritation, or vesication occur: when the progress of the vesicle is rapid, its contents purulent and opaque, instead of limpid; or when a premature efflorescence occurs, which is not vivid, circumscribed, and well defined.

Although the deviations from the accustomed character of the Vaccine vesicle may be accidentally numerous; yet there is one variety which is the most common, and as such is generally described as spurious Vaccina. This consists in the early appearance (*viz.* on the second or third day) of an inflamed and vesicated spot, exceeding considerably the bounds of the regular vesicle. On the fifth or sixth day this is of a yellow hue, its contents are purulent, and it is surrounded by an irregular inflammation. These appearances rapidly subside, and the vesicle leaves either no cicatrix or a very trifling one.

The spurious pustule is occasioned either by taking Vaccine virus at too late a period of the vesicle, or by some constitutional peculiarity. It is

sometimes found to occur on one inoculated part, when another inoculated part in the same person shall exhibit the due and regular appearance.

On the Mode of performing Vaccine Inoculation, and the Methods of taking Vaccine Matter.

The wound in the skin made by Vaccine Inoculation should always be as small as possible; the larger the puncture is, the more uncertain is the success of the operation, and the greater is the size of the vesicle and the corresponding efflorescence.

Fluid matter taken immediately from a vesicle should constantly be preferred to dry matter, as its powers of communicating the disease are not only much greater, but the operation is more quickly and easily performed. Every practitioner should therefore, if possible, procure a succession of patients, for the continued supply of fluid matter.

Matter may be taken for the purpose of inoculation, from a genuine vesicle, at any time from the fifth to the ninth day; and it is generally procured in more abundance, and with more facility, about the eighth or ninth day. *It is however to be strictly observed, that Matter should never be taken after the areola or efflorescence is perfectly formed.*

Matter is to be taken from the vesicle by small superficial punctures made in several parts of it by the lancet held horizontally. The Vaccine Matter will appear in the form of small pellucid drops. This Matter is then to be received on the point of a lancet; and the arm of the patient being elevated, the lancet is to be held horizontally, and introduced a very little way into the skin, so as to form a minute puncture. The lancet is then to be withdrawn, again charged with Matter and wiped on the puncture. When several successive inoculations are performed, the lancet should be dipped in cold water, and wiped after every puncture.

There are several modes by which Vaccine Matter may be preserved; but the most common and convenient, when it is intended for use within a moderate time, is either to take it on the surface of glass, or on an instrument called a Vaccinator, which is a small piece of ivory, shaped like the tooth of a comb. When glass is employed, a small square piece is to have its centre applied over the punctured vesicle, taking care to diffuse the Matter as little as possible over the surface of the glass. When dry it may again be charged; and when again dry, it must be covered with another piece of glass of corresponding size, and wrapped in writing-paper.—When ivory Vaccinators are employed, their points should be dipped in the Vaccine Matter; they should then be dried, and again moistened and dried.

Lancets are improper for the purpose of preserving Vaccine Matter, except for immediate use, on account of its tendency to oxidate the surface of the steel, and to be thereby decomposed.

Matter must always be allowed to dry without heat, and should be kept cool.

When Vaccine Matter, preserved on the surface of glass, is to be used for the purpose of inoculation, it must be barely diluted to fluidity by the point of a lancet dipped in cold water. It is then to be introduced by a small puncture in the way described for inoculation by fluid Matter.

When the ivory Vaccinator is employed, a puncture in the way before described is to be made with a lancet; the Vaccinator is then to be introduced into the puncture, and held there a few seconds: another Vaccinator may then be wiped on the puncture.

Inoculated patients must be cautioned not to wear tight sleeves; and not to injure the arm by pressure, friction, or violence; lest extensive inflammation and ulceration should ensue.

One Vaccine vesicle secures from all danger of Small-Pox; but in many instances it is better to inoculate in both arms, in order to obviate the chance of failure. Lancets used for inoculation should be kept clean and bright.



Accession no. 18550

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